

3654

(Use several sheets if necessary)



EXAMINER
INITIAL

DOCUMENT NUMBER

DATE _____

NAME _____

CL
AS
S

SUBCLASS

FILING DATE
IF APPROPRIATE

1994

6	1	4	1	8	3	3
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11/2000

Sorensen

877

5	9	1	5	6	1	3
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6/99

Meschenmoser

1974

4	6	6	8	3	2	2
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5/87

Christensen

RECEIVED
MAY 1 9 2003
GROUP 3600

DOCUMENT NUMBER

DATE _____

COUNTRY

CLAS

SUBCLASS

TRANSLATION

YES

NO

1978

10	0	0	8	7	4	6
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8/2001

Germany

1974

0	0	3	2	7	2	2
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7/81

European

1974

0	8	9	9	3	7	0
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3/99

European

EXAMINER

DATE CONSIDERED

7/15/03

EXAMINER: Initial if citation is considered, draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.